EXHIBIT F

KRATAEN Case 1:02-cv-00363-TSH Document 23-3 Filed 02/13/2004
Depart of the Treasury - Internal Revenue Service income Tax Examination Changes Page 2 of 10 · Name and Address of Taxpayer SS or El Number: Return Form No THURSTON, CHARLES J.AND THERESE ANN 427 OAK LANE 1040 Person with whom examination changes Name and Title KINGSTON OR 45644-9562 were discussed JAMES M. CALDWELL, C.P.A. 1. Adjustments to Income Tax Year End 12/31/93 Tax Year End Tax Year End EXEMPTIONS \$ ITEMIZED DEDUCTIONS
SCH C- MEALS
SCH C- UTILITIES
SCH C-OTHER-PHONE/INN/ETC
SCH F- REPAIRS
SCH F-GROSS RECEIPTS 751.00 Total Adjustments
 Taxable Income Per Return or as Previously Adjusted 44,940.00 4. Corrected Taxable Income
Tax Method
Filing Status 141,320.00 TAX RATE 7ax
 Additional Taxes 36,404.00 7. Corrected Tax Liability 36,404.00 8. Less Credits 9. Balance (Line ? less total of lines 8A through 8D)
10. Plus A. SELF THPLOYMENT TAX
Other B.
Taxes C.
D. 36,404.00 11. Total Corrected Tax Liability (Line 9 + lines 10A to 10D)
12. Total Tax Shown on Return or as Previously Adjusted
13. Adjustments to A. Special Fuels Credit
E. 47,461.00 33,463.00

The Internal Revenue Service has agreements with State tax agencies under which information about Federal tax, including increases or decreases, is exchanged with the States. If this change affects the amount of your State income tax, you should file the State form.

13,998.00

13,998.00

You may be subject to backup withholding if you underreport your interest, dividend, or patronage dividend income and do not pay the required tax. The IRS may order backup withholding at 31 percent after four notices have been issued to you over a 120-day period and the tax has been assessed and remains unpaid.

RGS Ver. 3.97.02

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Form 4549-CG (Rev. 1-91)

 Deficiency - Increase in Tax or (Overassessment - Decrease in tax) (Line 11 less Line 12 adjusted by Line 13)
 Adjustments to Prepayment Credits

16. Balance Due or Overpayment (Line 14 Adjusted by Line 15) (Excluding Interest and penalties)

| Name of Taxpayer: THURSTON, CHARLES J.AND THERESE ANN | SS or El Number: | 8426 Return Form No. 1040 | |
|--|-----------------------|---------------------------|--------------|
| 7. Penalties | Tax Year End 12/31/93 | Tax Year End | Tax Year End |
| A. B. C. D. E. F. C. H. J. K. L. N. | \$ | | * |
| 8. Total Penalties | | | |
| Underpayment attributable to negligence: (1981 - 1987) An Addition to the tax of 50 percent of the interest due on this underpayment will accrue until paid or assessed. | , | | |
| Underpayment attributable to fraud: {1982 - 1987} An addition to the tax of 50 percent of the interest due on this underpayment will accrue until paid or assessed. | | | |
| 1. Underpayment attributable to Tax Motivated Transactions: TMT Interest will accrue and be assessed at 120 percent of the underpayment rate in accordance with IRC 8621(c). | | | |
| Summary of Taxes, Penalties and Interest: A. Balance due or Overpayment of Taxes (line 16, page 1) B. Penalties (line 18, page 2) (computed to 08/09/98) C. Interest (IRC 6601) (computed to 08/09/98) D. THT Interest (computed to 08/09/98 on THT underpayment | 13,998.00 | | |
| E. Amount due or refund (sum of lines A. B. C. and D.) | 20,434.11 | | |

Other Information:

| This Report Supersed | des Report Dated 02/17/98 | |
|--|--|---|
| Examiner's Signature D.AUGEN | District Chio | Date 04/06/98 |
| Consent to Assessment and Collection - I in United States Tax Court the findings in any increase in tax and penalties, and accept law. It is understood that this report | do not wish to exercise my appeal rights with the Inte this report. Therefore, I give my consent to the inne ept any decrease in tax and penalties shown above, plus is subject to acceptance by the District Director. | rnal Revenue Service or to contest diate assessment and collection of additional interest as provided |
| PLEASE NOTE: if a joint Signature of Taxp return was filed, BOTH taxpayers must sign | ayer Date Signature of Taxpayer | Date |
| Ву | Title | Date |
| DCC No. 2 02 02 | Page 2 of 2 | Form 4549-CG (Rev. 1-91) |

| JOHN COMMENDED IT THEFT HED | DEDUCTIONS | | |
|---|---|--|--|
| Medical, dental and insurance premiums | PER RETURN 8,836.00 | PER EXAM 8,836.00 | ADJUSTMENT 0.00 |
| 0.075 of Adjusted Gross Income | 10,522.00 | 13,614.00 | |
| Net Medical and Dental Expense | 0.00 | 0.00 | 0.00 |
| Taxes | 2,839.00 | 2,839.00 | 0.00 |
| Home Interest Expense | 28,577.00 | 27,607.00 | 970.00 |
| Investment Interest | 0.00 | 0.00 | 0.00 |
| Other Interest Expense | 0.00 | 0.00 | 0.00 |
| Total Interest Expense | 28,577.00 | 27,607.00 | 970.00 |
| Contributions | 4,048.00 | 4,048.00 | 0.00 |
| Casualty and theft Losses | 0.00 | 0.00 | 0.00 |
| Moving Expenses | 0.00 | 0.00 | 0.00 |
| Miscellaneous deductions subject to AGI limit | 0.00 | 0.00 | 0.00 |
| 0.020 of Adjusted Gross Income | 2,806.00 | 3,630.00 | |
| Excess Miscellaneous deductions | 0.00 | 0.00 | 0.00 |
| Other Miscellaneous deductions | 0.00 | 0.00 | 0.00 |
| (Sum of Lines 3,4,8, 9,10,11,14, and 15 less | 34,509.00 | 32,302.00 | 2,207.00 |
| ITEMIZED DEDUCTIONS WORKS | HEET - PER EXAM | | |
| . Total of lines 3, 6, 10, | (plus any gamblin | 15 g | 34,494.00 0.00 |
| Line A less Line B Multiply the amount on li Adjusted Gross Income fro Itemized Deduction Limits Line E less Line F Multiply the amount on Li Enter the smaller of Line | ne C by 80% om Form 1040 ation ine G by 3% e D or Line H | a 16 above) | 34,494.00 27,595.00 181,518.00 108,450.00 73,068.00 2,192.00 2,192.00 32,302.00 |
| | Medical, dental and insurance premiums 0.075 of Adjusted Gross Income Net Medical and Dental Expense Taxes Home Interest Expense Investment Interest Other Interest Expense Contributions Casualty and theft Losses Moving Expenses Miscellaneous deductions subject to AGI limit 0.020 of Adjusted Gross Income Excess Miscellaneous deductions Other Miscellaneous deductions (Sum of Lines 3,4,8,9,10,11,14, and 15 less any applicable limitation ITEMIZED DEDUCTIONS WORKS Total of lines 3, 4, 8,9 Total of lines 3, 6, 10, losses included on line 1 Line A less Line B Multiply the amount on Line I Line E less Line F Multiply the amount on Line I Line E less Line F Multiply the amount on Line I Line E less Line F Multiply the amount on Line I Line E less Line F Multiply the amount on Line I Line E less Line F Multiply the amount on Line I Line E less Line F Multiply the amount on Line I Line E less Line F Multiply the amount on Line I Line E less Line F | Medical, dental and insurance premiums 0.075 of Adjusted Gross 10,522.00 Income Net Medical and Dental 0.00 Expense Taxes 2,839.00 Home Interest Expense 28,577.00 Investment Interest 0.00 Other Interest Expense 0.00 Total Interest Expense 28,577.00 Contributions 4,048.00 Casualty and theft Losses 0.00 Moving Expenses 0.00 Miscellaneous deductions 0.00 Miscellaneous deductions 0.00 Miscellaneous deductions 0.00 Excess Miscellaneous 0.00 Excess Miscellaneous 0.00 deductions 0.00 Total itemized deductions 34,509.00 (Sum of Lines 3,4,8,9,10,11,14, and 15 less any applicable limitation) ITEMIZED DEDUCTIONS WORKSHEET - PER EXAM Total of lines 3, 4, 8, 9, 10, 11, 14, and 10 losses included on line 15) Line A less Line B Multiply the amount on line C by 80% Adjusted Gross Income from Form 1040 Itemized Deduction Limitation Line E less Line F Multiply the amount on Line G by 3% Enter the smaller of Line D or Line H | PER RETURN |

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Identification Number: 8426 TOTAL 3.97.02

| | · | |
|----------|---|--|
| | 9312 FORM 6251 - ALTERNATIVE MINIMUM TAX COMPUTATION | |
| 2. 3. | Total Adjustments and Preferences Tax Table Income (from Form 1040, line 35) Net Operating Loss Deduction Itemized Deduction Limitation (from Schedule A Worksheet) | 2,839.00 149,216.00 0.00 2,192.00 |
| 5. | Combine lines 1 through 4 | 149,863.00 |
| 7. | Alternative Tax Net Operating Loss Deduction Alternative Minimum Taxable Income Exemption Amount | . 0.00 149,863.00 45,000.00 |
| . 9. | Subtract line 8 from line 7 (if 0 or less, enter 0) | 104,863.00 |
| | If line 9 is \$175,000 or less (\$87,500 or less if married filing separate) multiply line 9 by 26% Alternative Minimum Tax Foreign Tax Credit | 27,264.00 |
| 13. | Tentative Minimum Tax (Subtract 11 form 10) Regular Tax Before Credits (less Foreign Tax Credit) Alternative Minimum Tax | 27,264.00 36,404.00 0.00 |

EXEMPTION WORKSHEET (Line 8)

| | Deter 622 750 (AAF 000 is required filing deighte on | - |
|----|---|------------|
| A. | Enter \$33,750 (\$45,000 if married filing jointly or qualifying widow(er), \$22,500 if married filling separate) | 45,000.00 |
| R | Alternative Minimum Taxable Income (line 7) | 149,863.00 |
| | Enter \$112,500 (\$150,000 if married filing jointly or | • |
| C. | qualifying widow(er), \$75,000 if married filing separate) | 150,000.00 |
| D. | Subtract line C from line B | 0.00 |
| E. | Multiply line D by 25% | 0.00 |
| | Subtract line E from line A (if zero or less, enter 0) | 45,000.00 |

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Identification Number: 8426 TOTAL 3.97.02

9312 - TAX YEAR INTEREST COMPUTATION TO 08/09/98

| Total Tax Deficiency | _ | 13,998.00 |
|---|---------|-----------|
| Plus Penalties* | | |
| -Overvaluation | 0.00 | |
| -Substantial Understatement | 0.00 | |
| -Failure to File | 0.00 | |
| -Negligence | 0.00 | |
| -Civil Fraud | 0.00 | |
| -Accuracy Penalties | 0.00 | • |
| • | <u></u> | |

Total Penalties*

13,998.00

0.00

| Tax Deficiency and | Penalties Subject t | o Interest | 13,998.00 |
|---|--|---|--|
| Туре | Effective Dates | Days Rate | Interest |
| COMPOUND | 04/15/94-06/30/94 07/01/94-09/30/94 10/01/94-12/31/94 01/01/95-03/31/95 04/01/95-06/30/95 07/01/95-12/31/95 01/01/96-03/31/96 04/01/96-06/30/96 07/01/96-12/31/96 01/01/97-12/31/97 01/01/98-03/31/98 04/01/98-08/09/98 | 76 07.00 92 08.00 92 09.00 90 09.00 91 10.00 184 09.00 91 09.00 91 08.00 184 09.00 365 09.00 90 09.00 131 08.00 | 205.50 289.28 332.48 332.64 382.61 721.22 367.95 334.05 785.07 1,671.27 435.73 578.31 |
| | Total Total Total | Interest Underpayment Penalties Amount Due | 6,436.11 13,998.00 0.00 20,434.11 |

Additional interest will be charged at the current rate compounded daily. Interest is charged from the original due date of the return to a date 30 days after an agreement to the additional tax is signed, or to the date of payment, if earlier. Negligence and fraud penalties, if applicable, will also continue to be charged. Generally, if notice and demand is made for payment of any amount, and that amount is paid within 10 days after the date of the notice and demand, interest on the amount paid will not be charged after the date of the notice and demand. Since additional tax is due, you may want to pay it now and limit the interest and penalty charges.

Interest on penalties became effective 7/19/84 (1/1/89 for Negligence and Civil Fraud) and is computed from the due date of the return unless a valid

extension was filed. Extension date: 10/15/94

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SCHEDULE/EXHIBIT

NAME OF TAXPAYER
THURSTON, CHARLES J.AND THERESE ANN 8426 9312

STANDARD PARAGRAPHS:

PER RETURN PER EXAM ADJUSTMENT
1,250.00 3,125.00 1,875.00
records, we have computed your taxable

SCH F-GROSS RECEIPTS 1,250.00 3,125.00 In the absence of adequate records, we have computed your taxable income using the bank deposits method shown in the accompanying computation.

PER RETURN PER EXAM ADJUSTMENT
SCH C- UTILITIES 7,751.00 0.00 7,751.00
We disallowed the office-in-the-home deduction because your home is
not your principal place of business.

PER RETURN PER EXAM ADJUSTMENT
SCH C- MEALS 1,894.00 0.00 1,894.00
Since you were not away from your tax home when you incurred the travel expenses, they are not deductible.

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE

FORM 886-A (REV 4-68)

Sep. 24 1998 10:32AM P7

PHONE NO. : 216 522 7910

FROM: OHIO APPEALS - Cleveland

FORM 886-A

EXPLANATION OF ITEMS

SCHEDULE/EXHIBIT ___

NAME OF TAXPAYER

THURSTON, CHARLES J.AND THERESE ANN 8426 .

YEAR/PERIOD ENDED 9312

STANDARD PARAGRAPHS:

. PER RETURN

PER EXAM 4,084.00 ADJUSTMENT 11,052.00

SCH C-OTHER-PHONE/INN/ETC 15,136.00 The deduction has been adjusted to the amount verified.

ADJUSTMENT PER EXAM PER RETURN 18,657.00 0.00 18,657.00 SCH F- REPAIRS Since you did not prove that the amount shown was (a) for repairs, and (b) paid, the amount is not deductible.

ADJUSTMENT PER RETURN PER EXAM 27,607.00 PER EXAM 970.00 SCH A- MORTAGE INTEREST We have adjusted your interest expense to the amount verified as paid.

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE

FORM 886-A (REV 4-68)

Sep. 24 1998 10:32AM P8

PHONE NO. : 216 522 7918

EBOW : OHIO WARENCS - CJeveland

Case 1:02-cv-00363-TSH Document 23-3 Filed 02/13/2004 Page 9 of 10 xpayer: THURSTON, CHARLES J. AND LIBERDON MAY 3 07 0

Name Of Taxpayer: Thus Identification Number: 3.97.02 TOTAL 8426

| | ···· |
|--|------------|
| 9312 PERSONAL EXEMPTION WORKSHEET | |
| 1. Multiply \$2,350.00 by the total number of exemptions claimed on Form 1040, line 6e | 9,400.00 |
| 2. Adjusted Gross Income (Form 1040, line 32) | 181,518.00 |
| 3. Limitation based on Filing Status | 162,700.00 |
| 4. Subtract line 3 from line 2 | 18,818.00 |
| 5. Divide line 4 by \$2,500 (\$1,250 if married filing separate) | 8.00 |
| 6. Multiply line 5 by 2% and enter the result as a decimal | 0.16 |
| 7. Multiply line 1 by line 6 | 1,504.00 |
| 8. Deduction for exemptions (Subtract line 7 from line 1) | 7,896.00 |

Sep. 24 1998 10:32AM P9

PHONE NO. : 216 522 7910

LEOW : OHIO APPEALS - Cleveland

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PAYMENT OR INSTALLMENT PLAN

If you agree with our proposed adjustment, to avoid additional interest charges, it is to your advantage to pay the full amount due now. If you are unable to pay the full amount at this time, you may make a partial payment and request, in writing, an installment plan.

Upon receipt of your request, we will either approve a monthly installment plan or ask you to fill out a financial statement that will help us understand your financial condition and ability to pay.

Installment plans are subject to some conditions, such as making payments on time, paying all other Federal taxes on time, and giving current financial information when requested. If we approve an installment plan, we will send you the additional information you will need.

Although the monthly installment plan may be approved, the penalties and interest will continue to accrue on the unpaid balance until the total amount due is paid.

Sep. 24 1998 10:33AM P10

PHONE NO. : 216 522 7910

EKOW : OHIO UPPEALS - Cleveland